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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

United States District Court

for the

PC BARGATN CORP)) Civil Action No. CV	21-00021
Defendant/Respondent	,	· · · · · · · · · · · · · · · · · · ·

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING IT ESON COSTS (Long Form) District Court

Affidavit in Support of the Application

Signed:

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," With the response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

JUL n 1 2021

Date:

For both you and your spouse estimate the average amount of money received from each of the following 1. sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	amount du	nonthly income uring the past 12 nonths	Income amount expected next month		
	You	Spouse	You	Spouse	
Employment	\$ 0 00	s N/A	\$	\$	
Self-employment	80 00	\$	\$	\$	
Income from real property (such as rental income)	s N/A	\$	\$	\$	
Interest and dividends	SNA	\$	\$	\$	
Gifts	s N/A	\$	\$	\$	
Alimony	s N/A	\$	\$	\$	
Child support	s N/A	\$	\$	\$	

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Retirement (such as social security, pensions, annuities, insurance)	\$ 4	N	A	•		\$		\$	\$
Disability (such as social security, insurance payments)	\$	N	I/A			\$		\$	\$
Unemployment payments	\$ F	7 7)	4			\$ V	witing	\$ 	\$
Public-assistance (such as welfare)	\$	N,	4			\$		\$	\$ ·
Other (specify):	\$	1	•	-		\$		\$	\$
Total monthly income:	\$		·	(0.00	\$	0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
A Plus Consulfing	Spipen MP	MAY/2019 JULY/2020	\$ 140000
	1 7		\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 20:15h in the bank

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
First Bank	Chacking	\$ 26-25 es	s ya o
	J	\$	\$
		. \$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse				
Home (Value)	N/A	\$		
Other real estate (Value)	NA	\$		
Motor vehicle #1 (Value)		\$		
Make and year: 2008, Nisson Pa	thfinder			
Model: Pathfinde	۲			
Registration #:				
Motor vehicle #2 (Value)		\$		
Make and year:		·		
Model:				
Registration #:				
Other assets (Value)		\$		
Other assets (Value)		\$		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	s	\$
	\$	\$
	S	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age Yasold
Z-Y	Darahfer	1/240
Z-0	Son	Snorths
Z-X		

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

GUERGENCY Reptal Assistance Pars following	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	s 600 °°	s U/A
Utilities (electricity, heating fuel, water, sewer, and telephone) E.L.A.	s All?	\$
Home maintenance (repairs and upkeep)	SNA	S
Food Food Stamps	\$ 25000	S
Clothing	s NA	\$
Laundry and dry-cleaning	\$ 1000	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	s 100 00	S
Recreation, entertainment, newspapers, magazines, etc.	\$	S
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	S
Health:	\$	S
Motor vehicle:	\$	s
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle: 1200-Belance to By off Credit card (name): NA Department store (name): NA	\$	s
Credit card (name):	\$	s
Department store (name):	\$	s
Other:	\$	s
Alimony, maintenance, and support paid to others	\$300°	s

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Regula statemen	ar expenses for operation of business, profession, or farm (attach detailed nt)	s N/A	\$
Other	(specify):	\$	\$
	Total monthly expenses:	\$ 0.00	\$ 0.0
9.	Do you expect any major changes to your monthly income or expenses on next 12 months? Description: One of the property of th	or in your assets or li	abilities during the
10.	Have you spent — or will you be spending — any money for expenses of lawsuit? Yes No	or attorney fees in co	njunction with this
	If yes, how much? \$		
11.	Provide any other information that will help explain why you cannot pay I'm getting more in debt due to Nonpayment	of my fill	roceedings.
12.	Identify the city and state of your legal residence.	UMI	
	Your daytime phone number: 670-233-06/ Your age: 58 Your years of schooling: GED		